

# Denver Safety and Leadership Newsletter

## January 2019



### *A Communication for CMC Denver Leaders*

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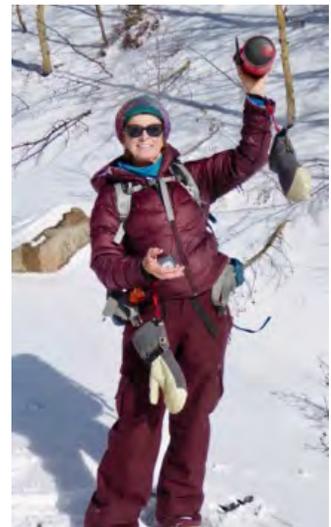
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## **Linda Lawson Retires as DS&L Chair**

Linda Lawson has completed her final term as Chair of the Denver Safety and Leadership Committee. Succeeding her is Kevin Schaal, a veteran leader who has served on the Denver Group Council (DGC) as well as DS&L and currently heads the Trip Leader School.



Linda's contributions to CMC are many, and she was awarded the Blaurock Silver Piton Award as CMC's Volunteer of the Year at CMC's November Backcountry Bash. She's been an instructor or assistant instructor of several CMC courses and served two terms on the CMC State Board, as well as a term as Chair of the Denver Group Council. She currently serves on two CMC State Board of Directors' committees: The Risk Management, Safety and Schools Committee, and the Website/Systems Committee.



Somehow, she also found time to lead more than 30 CMC trips in 2018! Linda's not moving away, so next time you see her, thank her for all her contributions to the CMC and Denver Group.



## Welcome New Leaders

Since our October newsletter, five new leaders have been added to our ranks. Please welcome Michael Brooks, David Brush, Victoria Gits, Maddie Miller, and Kyle Splittberger. Congratulations all!

As CMC membership continues to grow, there is an increasing demand for all categories of trips. You can help by encouraging members with leadership qualities to attend Wilderness First Aid, CPR, and Trip Leader School (TLS), then to complete a certification hike with an instructor leader. That last step is important. In recent years the ratio of TLS attendees who became trip leaders has varied from a low of 59% in Fall 2017, to a high of 89% in Spring 2016, when 17 of the 19 TLS grads became leaders! Remember, the prior one year-membership requirement has been dropped to five DG trips, two of which can be school field trips. And SALT funding can help pay for classes. Don't worry about developing a "following." Leading some New Member or Ascending Hikes, or Beginner Snowshoe trips will introduce you to people sure to look for you next time.

## Leader Appreciation Night

In early November, DS&L recognized nearly 200 CMC leaders and instructors for their volunteer accomplishments in the year ending September 30, 2018. Together, they led more than 1,000 trips and instructional sessions.

The most popular trips were hiking (814), snowshoeing (142), and skiing (55), followed by scrambling (46), biking (33), backpacking (25), rock climbing (22), fly fishing (18), and for the hardy few, ice climbing (6). "B" hikes were the most-scheduled single activity, accounting for 41% of all hikes.



Once again, Trails Committee Chair Grover Cleveland led the most trips (55), followed by Carol Munch (42), and Robbie Monsma (37). Each of the top three leaders received a complimentary annual membership.

Close behind were Hassan Elghandor, Pete Spandau, and Bea Slingsby, each of whom also led more than 30 trips. Ten more leaders organized and led 21-29 trips, including Carole Adler, Norm Arlt, Frank Burzynski, Linda Jagger, Durrie Monsma, Stan Moore, Eileen O’Leary, Russ Petersen, Terry Ploski, and Ken Yaphe.

Rounding out the group of most active leaders/instructors were Jeff Benton, Chip Furlong, Karen Hurley, Elaine Kallos, Dan Kunz, David Sanders, Kevin Schaal, Jeff Stevens, John Walters, Roger Wendell, and Mark Wolf. Each of these individuals led 16-20 trips.

## **New System: Leading Trips from Eldora Ski Area**



Cheryl Ames reports that groups now need to get a (free) electronic access card to cross the Eldora property en route to the Jenny Creek Trail. The Nordic Center would also like to be contacted before the trip date to let them know a group will be coming through. Phone: 303-440-8700 ext. 68510.

## **Alert: Increased Entry Fees at CO Parks**



Colorado Parks and Wildlife says daily passes for vehicles, individuals, and off-leash dogs are increased starting this new year. The 2019 charges are up to \$10 per vehicle, depending on the park. Annual vehicle passes are increasing from \$70 to \$80.

## **Alert: Don’t Use the Trip Management System “Directions Box”**



Due to a sporadic glitch in the trip management system, please avoid using the “Directions” box when you set up your trip details. Information entered in that box

sometimes can't be seen by some participants, resulting in confusion about trip details like when/where to meet. CMC staff is working on the issue.

## Reminder: Don't forget to "Complete" Your Trip

This is from the Trip Leader Manual, 2017:

After the trip is over, it must be "closed out." Closing the trip and recording participation hours is crucial for CMC to receive Denver Scientific and Cultural Facilities District (SCFD) funding.

- a. Locate the trip you intend to complete:
  - i. Log onto the CMC.org website
  - ii. Go to Trip Leader Admin and then go to Manage Trips
  - iii. Search for the trip you intend to complete
- b. For the trip you are completing:
  - iv. Click the Edit Button.
  - v. Click the Status Box and select 'Complete' from the dropdown list. It previously was an 'Approved' trip
  - vi. Click Update at the bottom of the page to save.
  - vii. Next click the Roster Button for this trip.
  - viii. If there was an incident or accident:
    - Check the "Incident/Accident" box.
    - Open the link to the "Incident/Accident Report Form".
    - Complete the form.
    - Save it, then print it for mailing or scan it for emailing.
    - Mail the paper copy to 710 10th Street, Golden or email the scanned document to [office@cmc.org](mailto:office@cmc.org).
  - ix. Complete the dialog boxes at the bottom of the page:
    - For the 'Total Activity Hours', enter the elapsed time from starting at the trailhead until returning back to the trailhead. Driving time to and from the trailhead is not included in Total Activity Hours.
    - In the first dialog box, describe the location of the trailhead and how to get there.



The screenshot shows the 'EDIT EVENT' form on the Colorado Mountain Club website. The form includes fields for Type, Status, Title, Title 2, Title 3, Category 1, Category 2, Date, End Date, and Start Time. The Status dropdown menu is open, and 'Complete' is selected. An arrow points to the 'Complete' option. The Start Time is set to 6:00 AM.

- In the second dialog box, describe any access problems or variations from trip plan which should be noted.
  - In the final dialog box, describe the experience you had during the trip, the details of the hike, or any other details that you think are worthy of being noted.
- x. Click Save Roster at the bottom of the page.
  - xi. Your trip is now properly completed.

## Tip: Make Trip Photo Sharing Easier

*By Jeff Stevens, Bobcats Leader*



On many CMC trips, multiple hikers take photos and are eager to share them. The trip leader often gets emails with photos attached, then forwards them to the participants. This can be time-consuming and cumbersome. An email with a heavy load of photos may exceed some users' storage limits.

An easier way to address these problems is to create a Google photo album and invite your participants to add their images to one central Cloud-based location.

If you have the Google Photos app, you need only open it, tap on Albums, then Create Album. Give the album a good descriptive name such as *Bakerville to Grizzly Gulch 12/21/2018*. Add your photos to the newly created album and then invite others to add their own by clicking on the Share icon in the top right-hand corner. Copy the email addresses of your participants and paste it in the popup box after the word "To." Add a comment inviting people to add their own pictures. (Note that invitees will be able to see each other's email addresses, so be sure to allow participants to opt out.)

Each invitee will be notified to look at and add to the album. They will be able to download, print, edit, and re-post whatever they find there.

If you don't have or want a Google account, you can easily do something similar using Microsoft's OneDrive technology or Apple's Shared Albums.



## Winter First Aid --Recognizing and Treating Hypothermia

From time to time we feature a seasonal leadership/first aid refresher....

*By David Ruscitto. Dave teaches Wilderness First Aid for Denver Group and is a Trip Leader. He is an EMT working part-time at Mile-High Ambulance and volunteers with the Douglas County Search & Rescue Team.*

### The Scenario

You are leading a 10-person CMC group on a winter snowshoe excursion to the Crater Lakes from the East Portal. Its 11:30 am and you have made it to the flat between the two lower lakes at 10,600' elevation. The area is open, it's sunny, the temperature is 22 degrees F and the wind is 20 mph. You start looking for a sheltered spot to have lunch and notice a man and a woman sitting behind a large boulder. As you approach, the woman runs up, says her name is Betty and that her husband Bob is lethargic and not himself.

You indicate that you are a CMC Trip Leader, trained in wilderness first aid and offer help. She agrees, and you approach the patient and begin your assessment.

You gather the following information: Bob is 67 years old and has been a lifelong hiker. Bob can mumble his name but does not know where he is or what he is doing. He appears to be dressed for the weather but keeps removing his hat and gloves and unzipping his jacket.



He is in good shape for his age, has no allergies, and only takes medication for arthritis pain. His medical history is unremarkable. He had a normal breakfast. His water bottle is 1/2 full. Betty is not sure about his other “ins and outs” but they made one pit stop since they started hiking this morning. They do have water and food.

Bob’s skin is pale and cool, his radial pulse is 80/min, weak, and regular. His respirations are 10/min, normal depth, and regular. His pupils are equal, round, and reactive to light (PERRL).

Betty says he has not fallen but he started stumbling as they approached the lakes. He was shivering at the time they sat down but he is not shivering now. They have been by the boulder for about a half hour.

Your “head-to-toe” examination shows no apparent injury although when you ask Bob to wiggle his fingers and toes, he is confused, and does not understand what you are asking. You suspect that Bob is suffering from ***hypothermia***.

## **The Body’s Heat Balance**

The human body produces heat through metabolism and exercise. In order to maintain a constant temperature, that heat production must balance out the multiple ways in which the body can lose heat to the environment: conduction, convection, radiation and evaporation.

### **Losing Heat**

Hypothermia occurs when the body loses the ability to maintain body temperature and is commonly defined as a core temperature that is less than 95 degrees F. <sup>1</sup> As the ***core body temperature*** decreases, hypothermia progresses through identifiable stages. Generally, core body temperature will not drop until after several hours of continuous exposure to cold weather if a person is healthy, physically active, and reasonably dressed. Since wet skin and wind accelerate heat loss and inactivity reduces heat generation, the core body temperature can fall even in above-freezing temperatures if the wind is blowing and the person’s clothing is wet from sweat, precipitation, or immersion. <sup>2</sup>

As we age, we have less physiologic reserve and decreased ability to ramp up heat production when needed. Elderly patients often have started to lose their ability to sense ambient temperature, which blunts their behavioral response to cold environments. An older person might become hypothermic in a situation where the

rest of a group remains comfortable. Approximately half of hypothermia deaths in the U.S. each year involve patients who are 65 or older.<sup>1</sup>

In **mild hypothermia**, heart rate and breathing rate increase, and a person starts shivering in an attempt to generate heat. They may seek shelter and jump up and down to generate heat. The body starts shunting blood from the periphery to reduce the rate of heat loss so you may notice bluish lips and fingertips and “goose bumps”.

In **moderate hypothermia**, the body’s compensating mechanisms begin to be overwhelmed. Shivering becomes less effective and eventually stops. The person may be disoriented, confused, and lethargic, and will have difficulty walking and performing fine motor skills. Cognitive symptoms are especially dangerous, since they prevent patients from taking the actions necessary to help themselves. They start to lose the sensation of being cold and may even start to remove clothing.<sup>1</sup>

In **severe hypothermia** the body core temperature continues to drop, breathing slows and the respiratory drive from the brainstem is shut down.<sup>1</sup> The person may enter a coma. The person may appear blue and have cold skin. The heart muscle cools with the rest of the internal organs. The pulse slows and may not be easily detectable.

If severe hypothermia is not corrected, the result is cardiac arrest and death.

## Treatment

The first component of hypothermia treatment is to recognize it as a potential problem and prevent the patient from becoming colder.<sup>3</sup>

Treatment strategies for hypothermia can be divided into two categories. In mild to moderate hypothermia, if the effects of conduction, convection, radiation and evaporation are minimized, the person should be able to rewarm themselves (**passive rewarming**). Some general steps to take include:

- Keep the person in a sitting position
- Place the person in a warm or sheltered environment
- Remove wet clothing
- Wrap the person in as much insulation as possible
- Insulate the person from the ground
- Give the person warm fluids to drink if they are alert
- Encourage light exercise as symptoms are reduced

- Walk out if/when the person is capable

In moderate to severe hypothermia, **active rewarming** will be required. In addition to the above steps consider the following additional actions:

- Call for rescue/prepare for evacuation
- Handle the person gently
- Keep the person lying flat
- Make a fire and/or light a stove, if possible, to provide a warm environment and to heat water bottles and prepare warm drinks.
- Apply warming pads or hot water bottles to the chest, arm pits and groin.
- Check vital signs frequently for changes

Cold heart muscle is very sensitive to stress, such as the physical shock of being moved around, so hypothermic patients should be handled and moved as gently as possible.

### **The Story Continues...**

Since you are about 2 ½ miles from the trailhead and Bob is approaching severe hypothermia, with Betty's agreement, you send two of your fastest snowshoers back to the trailhead to call for help. You assign a medical team and a shelter team to begin treatment in place. The shelter team prepares a wind screen with a tarp, rocks as anchors, and piled up packs. The medical team builds a "hypo-wrap" with another tarp, several insulated pads on the bottom, and as many warm spare clothing items as possible top and bottom. You remove Bob's sweat-soaked clothing, redress him in warm clothing, place a space blanket around him, place him in the hypo-wrap, and move the entire patient package into the sheltered area.

You monitor Bob closely and you consider possible methods to carry or drag Bob out if you feel his condition is worsening. You recognize that your team may be able to drag the hypo-wrap as a sled but also note that it is difficult to carry or drag a hypothermic patient and still treat them gently. You decide that it may come down to the better of several bad choices.

### **How Will it End?**

In Bob's case, several fortunate conditions combine for a positive outcome. One member of your party had an Esbit solid fuel stove. You were able to boil water and

pack several warm Nalgene bottles inside the hypo-wrap. Bob remained stable and started to come around but remained disoriented. The “go-for-help” team called 911 and the Sheriff was able to mobilize a snowmobile rescue which arrived about an hour later. Bob was hauled out behind the snowmobile and warmed up in the ambulance on the way to the hospital. Your party snowshoed out with Betty and she was able to meet a “back-to-normal” Bob as he was discharged from the hospital.

### **References**

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